Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Bellavista
Name of provider:	Sunbeam House Services CLG
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	13 July 2026
Centre ID:	OSV-0001701
Fieldwork ID:	MON-0050036

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Bellavista is a large community based designated centre operated by Sunbeam House Services CLG. The centre is located in an estate in a large town in Co. Wicklow. The house has ten bedrooms, a large living room, a kitchen/dining room, two bathrooms, a wet room and a small toilet room. Currently the upstairs section of the house in not in use. The centre is registered to provide residential supports for up to eight adults, both male and female, with low to moderate supports needs. Currently, only two residents are living in this centre. The centre is intended to support residents to live as independently as possible. The support provided to residents varies depending on individual needs and requirements. The current staffing compliment is made up of social care workers and care assistants with the staff team supervised by a person in charge. The person in charge divides their working hours between this centre and one other and is supported by a deputy manager.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 13 July 2026	09:45hrs to 16:30hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This unannounced risk-based inspection took place over the course of one day to monitor the designated centre's level of compliance with the regulations and to review improvements made since the previous inspection, where a high level of non-compliant regulations were found.

Subsequent to the previous inspection of this designated centre in June 2024, the provider was required to attend an escalation meeting as they had not adhered to the time lines and requirements as set out in a non-standard condition of their registration. This was in addition to the high level of non-compliant regulations and the risk to the residents living in the centre and how this was resulting in negative outcomes for them. For example, residents were not living in an environment that was safe or provided the optimum living conditions which had resulted in ongoing risk to the health and safety of residents. This was impacting on the promotion of residents' rights and in particular, their right to privacy and dignity, safety and independence. A notice of proposal to cancel the registration of the centre was issued. In response to the notice, the provider put in place a comprehensive compliance plan alongside a SMART time-bound quality improvement plan that included three phases with a specific time line for each phase. As the plan provided assurances, the registration of the centre was granted in December 2024. A non-standard condition was added to the centre's registration, which was further extended in 2025, requiring the provider to come back into compliance by 31 July 2026. The provider was required to submit regular updates to Health Information and Quality Authority (HIQA) to provide assurances of quality improvements made.

This inspection found that the provider had made significant traction on their quality improvement plan which overall had resulted in positive outcomes for residents. Phase one of the plan was completed, and phase two was in motion, which would then allow phase three to move forward. The centre was registered for eight residents. In May 2025, five residents moved to another designated centre on a temporarily basis. The residents, and where appropriate their families were consulted about the move, and robust transition plans had been put in place, all of which had oversight by the organisation's referrals committee. These allowed for a smooth and safe transition between the two designated centres and overall positive outcomes for the residents concerned. An inspection was completed in that centre, and it was found that the move had been successful and that all residents were happy and enjoying a good life in their temporary new home. One resident had permanently moved to another designated centre in February 2025 that better met their ageing and physical needs, and this also had led to better outcomes for the resident.

There were now two residents living in this designated centre. As part of phase two of the plan, the two residents were being supported to move to alternative accommodation that would better meet their needs. Two locations had been

identified however, in early March 2026, one of the locations ceased to be a viable option. By May 2026, another accommodation option arose and the resident is now due to move into their new home by the end of September 2026. There are plans in place to support the other resident to move to another designated centre in the same town by September 2026.

Overall, while the completion date for phase two had not been with the centre's registrations non-standard condition of 31st July 2026, there had been a lot of traction of the plan and overall, residents were found to be living in safer environments. Further details of the status of the plan and the impact on residents can be found under the next two sections of the report.

On the day of the inspection, the inspector used conversations with residents, key staff, the deputy manager and the person in charge, alongside observations and a review of documentation to inform judgments on the residents' quality of life. The inspection was facilitated by the person in charge for the duration of the inspection. The senior service manager, who is one of the centre's personal participating in management (PPIM), called to the centre in the morning to meet with the inspector. They returned later in the afternoon to attend the feedback meeting at the end of the inspection.

Overall, the inspector found that that the person in charge and the staff team was striving to ensure that the two residents living in the designated centre were supported to enjoy a good quality life which was respectful of their choices and wishes. The inspector observed residents coming and going to different community activities of their choice throughout the day. On the day of the inspection, the inspector was provided with the opportunity to meet and chat with the two residents living in the centre.

On arrival at the centre the inspector provided the deputy manager with a 'nice to meet you' document to share with the residents in the designated centre. The document included easy-to-read information about the inspector, why they were visiting the residents' home and overall, what the inspection entailed. This document was in place to support residents understand the inspection process, but also to support residents in relation to unexpected visitors in their home.

The two residents came to the hallway to greet the inspector when they arrived. Where appropriate, staff supported residents with conversations and provided prompts, in line with residents' communication needs, to support them relay their views. One resident told the inspector that they planned to go a music class and would speak with them when they returned in the afternoon. The other resident greeted the inspector however, appeared a little confused at meeting the inspector. Staff advised the inspector that they would use the 'nice to meet you' document to support the resident understand why the inspector was there.

The resident met with the inspector later in day and was happy to engage with them. There was a notice board in the hallway of the house with a number of easy-to-read information notices as well as photographs of the resident and their family and friends enjoying different activities. The resident pointed out pictures of their

family members and smiled when they named them to the inspector. The resident, supported by their staff member, relayed to the inspector that they had recently celebrated their friend's birthday. The inspector was informed that both residents were supported to attend an outdoor BBQ party to celebrate one of their previous house-mate's birthdays. This was in an effort to support the continuation of friendships and relationship with their previous housemates who were now temporarily living in designated centre that was based in another town.

When the other resident returned from their music class, they chose to have a rest and then met with the inspector on a one-to-one basis in the staff office. The resident expressed their excitement about an upcoming variety show. They were attending music classes to prepare them for the show. The resident told the inspector that they were hoping to achieve a number of goals that related to overnight holidays in Ireland and abroad as well as performing at the organisation's variety show. The resident told the inspector about their current employment. They seemed proud when speaking of their job and of the tasks they were required to do.

The resident advised the inspector that the missed their previous housemates but got to visit them from time to time. The resident said when their housemates moved out, that they were supported to move to a downstairs bedroom. The resident said they were told that it was safer to move downstairs because of issues with the upstairs part of the house. The resident expressed their happiness at moving downstairs and said they were supported to bring their double bed to their room and all their belongings. They were excited that they now had a television in their room. On asking the resident about the programmes they watched the resident informed the inspector that their television was not working and they were not sure why. Later the inspector talked with the person in charge about this issue. The person in charge promptly followed up, fixed the resident's television and explained to the resident what had caused the issue with their television.

When the inspector asked the resident if they liked who they were currently living with, the resident told the inspector that there were some 'ups and downs'. The resident said that during times when the other resident's behaviour upset them, they would ignore them or go to their bedroom. The resident told the inspector that they liked the staff who were supporting them, that they were familiar to them and that they could go to their staff, or management, about any issues or worries they had.

On speaking with the person in charge, deputy manager and two staff members, the inspector found that they were all familiar with residents' needs and supports in place to meet their needs. The inspector observed that residents appeared relaxed and happy in the company of staff and that staff were respectful towards residents through positive and caring interactions. Staff were also aware of each resident's likes and dislikes.

On the afternoon of the inspection, the inspector met with two staff members on a one-to-one basis and spoke with them in detail. Staff were knowledgeable and aware of all areas of care and support provided to residents. For example, staff talked in detail about positive behaviour support plan guidelines to support a

resident manage their behaviours, the changing health needs of one resident, safeguarding procedures in place to protect residents and infection prevention and control measures to keep resident safe from infection. Staff told the inspector that they were supported by management and that management were available to them whenever they needed them. They said that there was a strong team in place and that they worked well together as a team in ensuring positive outcomes for residents.

The centre was a large two-story community house. It comprised of ten bedrooms, a large living room, a kitchen/dining room, two bathrooms, a wet-room and a small toilet room. Each resident was provided with their own private bedroom which was decorated to their individual style and choice. As part of phase one of the plan, and to ensure the safety of residents and staff, the upstairs section of the premises was no longer in use. The staff office, living spaces, shower and toilet facilities and residents' bedrooms were all based downstairs. Where a resident moved to a downstairs bedroom they had been supported with an easy-to-read social story to assist them understand the reason for the move and the steps required to complete the move. The staff office and sleepover rooms were also based downstairs.

On the day of the inspection, the inspector walked around and observed the upstairs areas, and it was evident that no rooms were in use. The door leading to the upstairs section of the house was locked with no entry except for the weekly flushing checks on water outlets not in use and the cleaning of the rooms once a month. Further details about this are addressed under regulations 17 and 28.

On walking around the house, and in particular, the current living spaces of the house, the inspector observed that the physical environment of the house was clean and tidy. There was a seating area in the front hallway for one of the residents who liked to take some time out alone. There was another seat placed in the front porch and the inspector was informed that the resident liked to sit there to greet the staff coming on duty. There were notice boards in the hallway; they included useful easy-to-read information for residents, such as the complaint's procedures, registration details and fire evacuation plan. The other notice board was called the welcome notice board and included photographs of residents with their staff, friends and families enjoying different community activities. It also included contact numbers for both the person in charge and deputy manager as well as safeguarding information.

The kitchen included a dining space where residents could enjoy meals together if they chose to. Improvements were needed to the kitchen and in particular to the flooring which were due to be addressed under phase three of the Provider's quality improvement plan. The kitchen included easy-to-read and photographic choice of dinner meal alternatives which had categories to support choice and meal options.

The sitting room was a large room with ample comfortable seating for residents. There was a fish tank, large television, pictures on walls as well as a number of potted plants. The walls included framed photographic collages of the two residents with their friends, family, staff and previous housemates.

Outside the back of the house, there was a small pergola, outdoor table and chairs and hanging baskets. One of the staff informed the inspector about one of the residents were interested in gardening. They showed the inspector a number of areas throughout the garden where the resident had been supported to plant an array of colourful flowers. They told the inspector that the resident had taken responsibility to water the plants on days the staff member was on leave. There was a laundry room out the back of the house, which was observed to be clean, tidy and well organised, this was an improvement since the last inspection.

During 2025, a large neighbouring tree had pushed in a number of blocks on the back garden wall. Due to the risk this presented the area had been cordoned off for safety reasons. Residents were provided with an easy-to-read social story explaining why there was no access to this section of the garden.

Residents participated in regular house meetings where they discussed matters that were important to them and decision were made. On review of a sample of residents' meeting minutes between January to June 2026 the inspector saw that there had been a change in the household meetings template and format which overall, resulted in positive outcomes for residents in terms of their meaningfulness and participation. The new format demonstrated that resident was asked questions at the meeting about topics that were important to them, they also demonstrate residents' understanding and opinion on the topics. Some of the matters discussed at meetings included, household tasks, plans for the week, health and safety matters, advocacy, notice board topics such as upcoming community events, and in particular if residents wanted to add anything to the notice boards. However, on review of the minutes of all meetings, the inspector saw that they were typed and did not include an easy-to-read format. This meant that information arising from the meetings was not presented to residents in a format that was in line with their assessed needs, likes and preferences.

In summary, the inspector found that the person in charge and staff team was striving to ensure that residents' well-being and welfare was maintained to a good standard as much as possible. Since the last inspection, there had been improvement to the governance and management systems, staffing arrangements, protection, positive behavioural supports and residents' rights which had resulted in positive outcomes for residents. While there had been some delays to the centres SMART time-bound quality improvement plan to move all eight residents to alternative accommodation, six residents had been supported to move and were now happy in their current homes. In the interim, the provider had put a number of measures in place, to lessen the risk and ensure the safety of the two remaining residents and were plans in place for the residents to move to accommodation that better met their needs.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided to residents.

Overall, the findings of this unannounced inspection demonstrated that the provider had made good traction on a three phased SMART time-bound quality improvement plan to ensure that the designated centre operated within the centre's registration conditions. Phase one had been completed with good progress on phase two. Phase three of the plan would only come into effect when there were no residents living in the premises of the centre with a planned completion time frame of July 2027. This meant that, while residents had to temporarily leave their home, as well as other residents moving to the downstairs section of their home, the previously identified level of risk to residents' health and safety had been reduced significantly and for some residents, mitigated completely.

The provider submitted regular updates of the plan to the Health Information and Quality Authority (HIQA), providing assurances of progress made. However, since March 2026, a number of time lines on the plan had been pushed out. This was due to some unexpected issues arising but also to work alongside the pace and assessed needs of all residents concerned.

The provider had also made other improvements to the areas relating to staffing, positive behaviour support plans, protection, and communication which saw them come back into full compliance on this inspection. Overall, this had resulted in positive outcomes for residents with improvement to their safety, wellbeing and rights.

There had been improvements made to the local governance and management structures in place. A new person in charge commended in their role in December 2025. They were supported in their role by a deputy manager and a team of social care workers and care assistants. The person in charge met with senior management on a quarterly basis to provide updates on the quality of care and support provided to residents, as well as traction on the provider's quality improvement plan, which overall, ensured ongoing quality improvement in the centre.

A number of governance and management oversight and monitoring systems had been enhanced since the last inspection. These supported the person in charge and the management team ensure the effective governance, operational management, and administration of the designated centre.

There had been improvements to staffing arrangements and levels which resulted in better outcomes for the two residents living in the centre. In particular, as they

supported consistency of care and provided a person-centred centred approach to the care and support of residents living in the centre.

Regulation 15: Staffing

There had been significant improvements to staffing levels and arrangements in place which had resulted in better levels of continuity of care provided to residents since the last inspection. There had been a change to shift patterns and a reduction in reliance on agency staff to cover gaps in the roster. This had led to positive outcomes for residents; For example, attachments were not disrupted and support and maintenance of relationships between residents and their staff were promoted. It also meant that residents' assessed needs and preferences, of support from familiar staff, were for the most part, being met.

There had been changes to the working shift patterns in the centre which saw a reduction in the previous high numbers of part-time staff employed in the centre. The new shift pattern meant that staff were employed to work 12 hour day shifts or 12 hour waking night shifts. This shift pattern allowed for better outcomes for residents, supported a person-centered approach and in particular, provided increased options for residents to engage is day-long community activities during the week and weekend.

The provider was actively recruiting for the vacancy for a care assistant as well interim cover for a short-term vacancy for a social care worker (to cover maternity leave). Currently there was also one long-term sick leave to be covered. The person in charge and deputy manager were endeavouring to ensure continuity of care as much as possible to ensure familiar staff were supporting residents living in this centre. The person in charge informed the inspector that agency staff were covering a number of the gaps on the roster with the same small group of agency staff employed on a regular basis. On review of a sample of rosters from January to July 2026, the inspector saw that the same four to six agency staff were employed to work in the centre. This meant that, for the most part, residents were being supported and cared for by staff who were familiar to them. However, the inspector found that overall, continuity of care could not be ensured at all times while the staff vacancies remained in place.

There was a specific agency induction folder in place in the centre. The folder contained relevant information regarding each resident’s support needs and other service delivery matters. The folder included instructions about the centre’s computer system so that all staff working in the centre knew how to access to it, in particular when writing up daily notes about each resident. The person in charge advised the inspector that there was a system in place to ensure staff were provided passwords to access the computer system on an ongoing basis. This system ensured all staff, who were not working on a permanent basis, were provided access to information about each residents' care support needs as well as being able to update information at the end of each shift about the resident they supported.

Furthermore, on the day, the person in charge updated the induction checklist, within the folder, to include an identification check to be completed with new agency staff. In addition, a copy of the organisation's protocols for checking new agency's staff identification, was included in the folder. This meant that the provider had systems in place to be assured of the safety of residents when new and unfamiliar staff were employed to work in their home.

There was an actual and planned roster in place and for the most part, it was maintained appropriately by the person in charge. On review of the planned and actual rosters from April 2026 to July 2026 the inspector saw that it clearly demonstrated the staff and management working in the centre each day. There had been some discrepancies to the roster, such as no surnames recorded for two staff on the January and March rosters however, for the remainder of the rosters this had not been repeated. The inspector was informed that there had been shared learning, from another inspection carried out in a centre run by the same provider, which had led to improvement in the maintenance of the centres' rosters.

Judgment: Substantially compliant

Regulation 23: Governance and management

Since the last inspection, there had been significant improvements to the governance and management systems in place in the centre which saw this regulation come back into compliance and overall resulted in positive outcomes for residents.

There was a clearly defined management structure that identified the lines of authority and accountability, and staff had specific roles and responsibilities in relation to the day-to-day running of the centre. A new person in charge had been appointed to the centre in December 2025. A fitness assessment had been completed with the person in charge in January 2026 and they were found to have the appropriate management qualifications and experience, in line with regulation 14, to manage the centre.

The person in charge worked full time and was also responsible for one other centre. They were supported by a deputy manager in this centre and another deputy manager in the other centre. The person in charge was also supported by a senior service manager. Overall, the inspector found that these arrangements had ensured the effective governance, operational management and administration of the designated centres concerned.

Following the last inspection of this designated centre in June 2024, where protection, fire safety, positive behaviour supports, premises, residents' right and governance and management, had been found non-compliant, the provider had put a comprehensive compliance plan as well as a SMART time-bound quality improvement plan in place to bring the regulations back in to compliance.

This inspection found that the provider had made significant traction on their quality improvement plan which overall had resulted in positive outcomes for residents. There were three phases to the plan and to date, the provider had ensured that phase one, which saw the transition of residents to other designated centres, was completed. Phase two of the plan, to support two residents move to alternative accommodation that better met their needs, was in progress. There was also traction regarding phase three. The inspector reviewed finalised architect plans for the for the potential layout of the centre premises, that ensured accessibly and safety for residents.

While there had been good traction of the plans, the provider had identified that phase two would not be completed within the centre's registration conditions. The provider was proactive and applied to vary the non-standard condition attached the centre's registration. This would allow more time to complete phase two of the plan. It would also mean that the plan was completed in a person-centred way that was in line with the residents in this centre, and other designated centres concerned, preferred pace of change.

Overall, the inspector found that, both the completed and in progress actions from the provider’s quality improvement plan had resulted in significant improvements in the areas of governance and management, staffing, safeguarding, positive behaviour supports and residents' rights and overall resulted in positive outcomes for residents and in particular, in terms of their safety and wellbeing. Regulations relating to fire safety and premise remained non-compliant however, there was a plan to address these in phase three of the plan. In the interim period, the provider and person in charge had put measures and arrangements in place in the centre, which significantly decreased any potential fire safety or premises related risks to residents currently living in the house.

It was evident that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre. An annual review of the quality and safety of care had been completed in September 2025 covering the period of September 2024 to August 2025. The annual report demonstrated that residents, their family, and staff had all being consulted in the process.

In addition, two six monthly unannounced visits of the centre to monitor the quality of care and support had been completed in November 2025 and May 2026. The inspector saw that all actions from the November review had been completed and most actions were complete or in progress for the May review. Where there were outstanding actions, a number of these were due to be completed in phase three of the centre's SMART time-bound quality improvement plan.

The person in charge and their senior service manager met on a quarterly basis to review the provider's quality improvement plan and note progress made, actions completed and work to be done, as well as a review of time lines. Overall, the inspector found that the quarterly meetings were effective in ensuring traction of the plan and overall driving quality improvements for residents living in the centre.

The provider had completed a health and safety audit of the centre in August 2025, any issues that were not within phase three of their quality improvement plan, had been addressed. In addition, on the day of the inspection, the provider had arranged for a member of their quality and training team to carry out a six-monthly medication audit for the centre.

There was also a comprehensive local auditing system in place in the centre to evaluate and improve the provision of service and to achieve better outcomes for residents. The person in charge and deputy manager also carried out a number of local audits and checklists to ensure residents were provided a safe and quality services and that any issues arise were dealt with promptly. Overall, the inspector found that there were comprehensive oversight and monitoring systems in place that resulted in a safe and quality service provided to residents.

The person in charge ensured staff were provided with regular team meetings. On review of the minutes from two of the meetings in April and May 2026, the inspector saw that meetings provided staff an opportunity for reflection and shared learning.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service provided to residents who live in the designated centre.

The inspector found that since the last inspection, there had been a lot of improvements made that saw communication, positive behaviour supports and protection come back into compliance with the regulations. In addition, improvements in promoting residents' rights had seen this regulation move from not compliant to substantially compliant. Overall, these improvements had resulted in positive outcomes for residents and in particular, in relating to their safety and wellbeing. However, as the required actions had not yet been completed to the previously identified deficits in the centre's premises and fire containment measures, these regulations remained non-compliant.

There had been significant traction on the provider's three phased SMART time-bound quality improvement plan which had led to six of the designated centre's resident living in a safer environment, both in terms of fire safety, infection prevention control and safeguarding. In addition, arrangements and measures had been put in place in the centre, to ensure that the previously presenting fire risks had been reduced. For example, all residents were now living in the downstairs section of the house to allow a speedy evacuation in the case of a fire outbreak.

The management and person in charge were striving to ensure residents' rights were promoted. Where there were rights' restrictions in place, they were subject to

approval by the organisation's rights committee as well as a risk assessment. Residents were consulted about matters relating to them and in particular the recent changes in their home. Residents were provided with weekly household meeting where matters that were important and relevant to them were discussed and decision made. However, some improvements were needed to ensure the outcome of the meetings were provided to residents in a communication format that was in line with their assessed needs as well as their preference and likes.

Where appropriate, residents were provided with positive behaviour support plans that included clear and coherent guidance for staff on how to consistently and effectively support residents manage their behaviour.

While there remained some compatibility issues in the centre, safeguarding incidents had been reduced significantly which had led to improvements in the lived experience for both residents in the centre.

Overall, while the centre's three phase SMART time-bound action plan had yet to be fully completed, and in particular to address the premises and fire deficits, this inspection saw that improvements made since the previous inspection in June 2024 had led to positive outcomes in residents' lives and in particular, to their safety and wellbeing.

Regulation 10: Communication

The residents living in the designated centre presented with different forms of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with each of their needs and wishes. The person in charge had ensured that residents were provided information in a way that they understood.

To support residents to understand the information provided to them, and to be supported to communicate their choices and decisions about their care and their lives, each resident was provided with communication support plan which was included in their personal plan. Communication passports were in place for each resident as a practical communication profiling tool to help convey each residents unique identity, specifically in relation to their communication profile.

Information was provided to residents verbally but also through easy-to-read format, photographs and social story type information in their personal plans, associated folders and on residents' notice boards. This supported residents' understand the information in line with their needs, likes and preferences.

Each resident was provided with an individualised easy-to-read folder. The folders contained easy-to-read information and social stories to support residents understanding of matters that were relevant and important to them. For example, the inspector observed social stories related to fire safety, moving to the a new home, moving bedrooms, tips to help men live a healthy lifestyle, the centre's

complaints procedures and keeping safe in the community and at home as well as what to do if a member of the community or a staff member upset you. There was also an easy-to-read copy of the organisation's most up-to-date annual report kept in the folder so that residents could be aware and understand what important events had happened within their organisation.

During a walk around of the centre, the inspector observed easy-to-read information related to safeguarding, the designated officer, the organisations' complaints procedures and advocacy and rights in the front hallway of the house. In the kitchen there were photographic images of meal choices and options. These formats were all in line with residents preferences and supported them in the understanding and making every day decisions that were important to them.

One resident was provided with a personal white board to support the planning of their daily and weekly activities in a format that met their communication needs and preferences. Cards with symbols, pictures and photographs were used to explain and provide choice to the resident regarding various community activities available to them. The deputy manager advised the inspector that the staff team had started to used photographic cards with images of the resident taking part in activities. This was in an effort to better support the resident's understanding and make the cards more relevant them. They told the inspector that the system was working well for the resident and there were plans to take more photographic cards of activities that the resident enjoyed.

Where there were areas for improvement regarding residents' meeting minutes, this has been addressed under regulation 9.

Judgment: Compliant

Regulation 17: Premises

The previous inspection of the centre in June 2024 found that the poor state of upkeep and repair of the premises was impacting on the accessibility needs of residents, the quality of their environment and overall, was not promoting optimum implementation of infection prevention and control standards and precautions. The provider had not taken sufficient action to complete recommended works that would better promote residents' independence and accessibility in their home. Many of the issues related to the centre's premise had been ongoing since 2021.

On the day of the inspection, the inspector observed that the upstairs area of the house was not in use. The door accessing the area was locked. The bedrooms and bathrooms were only availed of during times of cleaning and unused water outlets flushing checks. Residents currently living in the centre were only provided access to the downstairs section of the house. This was to ensure their safety in terms of the current fire containment risks in the centre.

The implementation and completion of phase one of the provider's SMART time-bound quality improvement plan meant that six residents were now living in premises that was better meeting their needs. However, for five of these residents this was a temporary measure until they returned to this centre, which was their home. This meant that until the required works, that had been impacting negatively on residents' accessibility and safety were addressed,the designated centre's premises remained non-compliant.

There was a garden to the front and back of the house and this was also available to residents, however, part of the back wall was at risk of fall due to an over grown neighbouring tree. A section of the garden had been closed off to protect the residents against the risk of the wall falling. The inspector was informed that this issue would be dealt under phase three of the provider's quality improvement plan.

Judgment: Not compliant

Regulation 28: Fire precautions

There had been ongoing fire safety deficits in this centre since 2021, most of these deficits posed a potential serious risk relating to fire containment. For example, in an external 'fire safety assessment' completed in May 2021, the integrity of a number of walls and ceilings in the house had been highlighted in relation to their fire-resistant capacity. There had also been recommendations from an April 2024 external 'fire door inspection proposal', to replace and remove 20 existing doors and frames, however, doors or frames had not been replaced. At the time of the last inspection, the provider had not provided assurances for an appropriate responsive action to address the fire safety deficits in the house.

Since that time, the provider had submitted a comprehensive compliance plan alongside a three phased quality improvement plan to respond to the fire safety deficits in the house. However, as the deficits would not be addressed until phase three of the plan, this meant that residents had to be relocated to another designated centre until the serious fire containment risks in their home was adequately addressed.

Overall, the requirement to ensure appropriate fire safety measures are in place in the designated remains outstanding. As a result, residents cannot return to their home until the serious fire containment risks are mitigated. While phase one and two of the provider's quality improvement plan had considered the safety of residents and reduced the immediate risk, the timeliness to address the fire safety issues in the house was not satisfactory and overall impacted negatively on residents.

Judgment: Not compliant

Regulation 7: Positive behavioural support

There had been improvements to the behaviour supports in the centre since the last inspection. Where appropriate, residents were provided with supports to help them manage their behaviours and as such, reduced the risk of behavioural incidents continuing and overall, ensured positive outcomes for residents.

This also meant that staff were now provided with satisfactory plans in supporting them appropriately and safely respond to any behaviours of concern.

On the day of the inspection, one resident living in the centre was provided with a positive behavioural support plan which ensured that arrangements were in place to support and respond to their assessed support needs.

The inspector observed the positive behaviour support plan to be detailed, comprehensive and developed by an appropriately qualified professional. In addition, the plan included proactive and preventive strategies to reduce the risk of behaviours of concern from occurring. Where there were changes in the resident's behavioural needs, and more recently health needs, the person in charge communicated these changes to the appropriate clinician to ensure plans were updated in a timely manner.

All staff have been provided with training in positive behaviour supports and received regular refresher training in line with best practice. Staff spoken with were knowledgeable of the resident's support plan in place. They were also aware of the resident’s triggers and body language as well as the proactive and preventative strategies in place to support the resident manage their behaviours.

The inspector saw that where restrictive practices were being used, they were based on centre and national policies. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

There were a few restrictive practices in place in the designated centre. Since the last inspection, there had been a reduction in the number of restrictive practices in use. For example, two restrictions in place for one resident, regarding camera use on a mobile telephone and an internal door alarm, had been ceased. This led to positive outcomes for the resident and overall, better promoted their privacy, dignity, and independence.

There was a system in place within the organisation where restrictive practice referrals were submitted for consideration to the organisation’s human rights committee. This was to ensure the least restrictive option was in place as well as ensuring the rationale for their implementation was underpinned by a rights-based approach. Overall, the inspector found that restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

Judgment: Compliant

Regulation 8: Protection

There had been a significant decrease in safeguarding incidents occur in the centre since the completion of phase one of the provider's quality improvement plan. This phase of the plan saw five residents move to another designated centre on a temporary basis and one resident move to a designated centre on a permanent basis. While there were some compatibility issues between the two remaining residents, a number of measures and strategies had been implemented in the centre and were proving effective in reducing safeguarding incidents between the two residents. Since January 2026 there had been one peer to peer related safeguarding incident notified to HIQA for this centre.

In addition to this, the following arrangements and strategies were effective in reducing safeguarding incidents:

There had been a change to the centre's staffing arrangements and levels. Residents were now provided one to one support during the day and night-time. In addition, staffing hours had changed to twelve-hour shifts as a way of providing a more person-centered service to residents. These arrangements better enabled residents to live active lives and engage in the community in meaningful activities. Where the two residents participated in a community activity together, two staff were always available to support the residents throughout the activity.

In addition, a reduction in reliance on agency staff resulted in improved levels of continuity of care that promoted consistency of care and ensured relationships between residents and their staff were maintained. On speaking with two members of the core staff team, the inspector found that they were knowledge in a resident's positive behavior support strategies within their plan. They were also familiar with potential triggers and were able to anticipate residents mood or body language to prevent a potential incident occur.

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff spoken with were familiar with reporting systems in place, should a safeguarding concern arise.

Safeguarding was a standing topic at staff team meetings. In addition, matters relating to keeping safe and self-protection were also discussed with residents at their weekly household meetings and in a communication format of their preference. Residents were also provided easy-to-read social stories on how to keep safe at home and in the community. One resident told the inspector that they were aware of who they could speak to if they were unhappy or an issues arose.

Where safeguarding incidents occurred, the person in charge ensured they were followed up, reviewed, screened, and reported in accordance with national policy

and regulatory requirements. In addition, incidents were reviewed at team meeting to ensure shared learning and mitigate the risk of the incident occurring again.

The person in charge ensured there was oversight of residents' finances. This was to ensure each resident's money was maintained appropriately. There were several local checks in place that provided good oversight over residents' finances.

The provider and person in charge had put in place safeguarding measures to ensure that staff providing personal intimate care to residents, who required such assistance, did so in line with each resident's personal plan and in a manner that respected each resident's dignity and bodily integrity.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that due to improvements in the centre since the last inspection and in particular, with good traction of the centre's SMART time-bound quality improvement plan, most of the areas of non-compliance that were infringing on residents' rights, were no longer presenting.

With the completion of phase one and progress of phase two of the provider's quality improvement plan, residents were now living in homes that were ensuring their right to live in a safe environment was respected. While there was major work to be completed to both the fire safety systems and premises of this designated centre, arrangements and safety measures had been implemented that significantly reduced any potential risks to residents and staff, in these areas. In addition, plans to support the final two residents move to accommodation what would better meet their needs were well under way and due to be completed by September 2026. Overall, the inspector found that residents' rights were promoted, considered and respected as much as possible.

On the day of the inspection, the inspector found that due to the change in staffing arrangements and levels, improvements to positive behavior supports and reduction in safeguarding incidents, the residents' right to live in a safe environment was promoted.

Where a resident was required to move from their upstairs bedroom to a safer downstairs location, they had been consulted about the move. In addition, they were provided with an easy-to-read social story to support them better understand the reason for the move.

Residents were provided with choice and control in their lives. Residents attended household resident meetings where a variety of topics relation to their care and support were discussed. On review of the minutes, the inspector saw how residents were asked questions as a way of ensuring they understood each topic discussed.

For example, during a meeting in June, residents were asked about their understanding of rights and choice. The minutes noted that one resident replied that everyone had the right to be treated with respect and feel safe in their home. This provided assurances to the provider, person in charge and staff of the residents' understanding of the topic but it also meant that these meetings promoted participation and ensured each resident's voice was heard. However, on review of the minutes for residents meetings from January 2026 to June 2026, the inspector saw that all minutes of the meetings were in typed format. This meant that the discussions and decisions made were not provided to residents in a format that was in line with their assessed needs or preference. This impacted on residents' right to receive information in a format that they can understand.

Not withstanding the above, for the most part, information was accessible for residents; Information about residents' care and support was provided to them in easy-to-read format as well as social stories and verbally. There were systems in place to ensure the resident could make informed choices through using a communication format of their preference. For example, residents were provided information relating to meal options, community activities, future accommodation plans and general day to day matters in easy-to-read and photographic format to support them make informed choices.

The inspector observed that resident's personal information was securely stored in the manager's office which promoted their right to privacy of personal information.

Staff had completed online training in human rights, which supported their knowledge and understanding of human rights practices when providing care and support to residents. On speaking with staff, they were aware and knowledgeable of practices that promoted residents' rights. For example, one staff member spoke to the inspector about empowering a resident to be able to use their own bank card when paying for items. Rather than staff pay for the items, the resident was shown how to tap and pay and ensure they were provided a receipt. Overall, the example demonstrated a person-centered and human rights focus when supporting the resident with their finances.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bellavista OSV-0001701

Inspection ID: MON-0050036

Date of inspection: 13/07/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The provider has advertised the two vacant posts, one full time and one part time. Agency staff used in the interim will continue to have a comprehensive induction to the service. All efforts will be made to try and ensure consistent agency staff. Expected completion date 30 October 2026	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The provider has identified two separate internal vacancies which will facilitate the moves of the two remaining residents from the location. These two vacancies currently have residents who are awaiting their own moves. The transition from the unit will commence when those residents move to their new accommodation. Consultation is in place to ensure a fair and smooth transition for all residents involved. Expected transition date 30 December 2026. The Provider engaged an architect to create drawings for the refurbishment of the house. The drawings have been discussed at the SHS Housing Committee meeting and the Housing Development Manager has been requested to carry out a feasibility study of the building. Draft report to be submitted to the Housing Committee and a decision to be made by end of August 2026. Work expected to be completed by July 2027.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The provider has identified two separate internal vacancies which will facilitate the moves of the two remaining residents from the location. These two vacancies currently have	

residents who are awaiting their own moves. The transition from the unit will commence when those residents move to their new accommodation. Consultation is in place to ensure a fair and smooth transition for all residents involved.
Expected transition date 30 December 2026.

The Provider engaged an architect to create drawings for the refurbishment of the house. The drawings have been discussed at the SHS Housing Committee meeting and the Housing Development Manager has been requested to carry out a feasibility study of the building.

The refurbishment programme will address the identified fire safety deficits within the house and support compliance with relevant fire safety regulations. Work expected to be completed by July 2027.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The PIC has now put in place an easi-read template for residents meeting minutes. Each resident will have their own copy. Completed 23 July 2026.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	30/10/2026
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	30/10/2026
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	31/07/2026

	are of sound construction and kept in a good state of repair externally and internally.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2026
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/07/2026
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/07/2026
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/07/2026
Regulation 09(1)	The registered provider shall ensure that the designated centre is operated in a manner that	Substantially Compliant	Yellow	23/07/2026

	respects the age, gender, sexual orientation, disability, family status, civil status, race, religious beliefs and ethnic and cultural background of each resident.			